



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800001

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DDH HOTEL NATICK/SPEEN LLC

DOING BUSINESS AS HAMPTON INN, NATICK

ADDRESS 319 SPEEN ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: MATHERS, JOHN TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEVEN STORY HOTEL CONTAINING APPROX. 190 GUEST ROOMS, TOGETHER WITH RESTAURANT, LOUNGE, BAR FUNCTION ROOM, AND POOL/PATIO AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800002

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMVETS POST #79 NATICK INC.

DOING BUSINESS AS

ADDRESS OFF SUPERIOR DRIVE

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: CONNERY,
WALTER H.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG CONSISTING OF FIRST FLOOR; GAME ROOM, LOUNGE, TWO BATHROOMS, BOILER ROOM, KITCHEN, TWO OFFICE ROOMS, REAR STORAGE ROOM SECOND FLR; ONE LARGE FUNCTION HALL, 2 BATHROOMS, KITCHEN, STORAGE AREA. ENTRANCE AND EXIT TO THE BUILDING OVER A PRIVATE WAY. 6 ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800003

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NATICK LODGE #1425 B.P.O.E. OF U.S.A. INC.

DOING BUSINESS AS NATICK ELKS

ADDRESS 95 SPEEN ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: HURST, ARTHUR W. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG; LOWER LEVEL; LADIES LOUNGE AND RESTROOM, MENS GRILL ROOM AND RESTROOM, GAME ROOM, EXERCISE ROOM, SAUNA, OFFICE, BOILER AND STORAGE ROOM WITH COOLER; UPPER LEVEL CONSISTS OF SOCIAL HALL, CHECKROOM KITCHEN, BAR, BAR STORAGE ROOM, OFFICE, MENS AND WOMENS RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800005

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANCESCO DESANCTIS LODGE #1411 OF NATICK

DOING BUSINESS A

ADDRESS 37 WASHINGTON AVE.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: SACCHETTI,
MARGUERITE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH BASEMENT . FIRST FLR; ONE HALL, TWO ROOMS WITH TOILET FACILITIES FOR LADIES AND MEN; BASEMENT; 2 ROOMS. THE CONSTRUCTION OF THE BUILDING IS CINDER BLOCK WITH ENTRANCE AND EXIT ON WASHINGTON AVE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800006

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANGELO & GARIF INC.

DOING BUSINESS AS AGOSTINO'S REST.

ADDRESS 23 WASHINGTON ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: SOULIOPOULOS, TYPE OF LICENSE: Restaurant
EFTIHIA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 076800007

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EDWARD CLARK POST #107 AM. LEGION INC.

DOING BUSINESS AS american legion

ADDRESS 11 WEST CENTRAL ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: GREEN, THOMAS TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG WITH CELLAR; SECOND FLOOR CONSISTS OF A MEETING HALL, DIRECTORS ROOM, REC ROOM, CANTEEN, 2 BATHROOMS, AUXILIARY MEETING ROOM AND SUPPLY ROOM. FIRST FLOOR CONSISTS OF ENTERTAINMENT ROOM, CANTEEN, MENS AND LADIES ROOMS AND LOUNGE AREA

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800008

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NATICK POST #1274 V.F.W. OF THE U.S.INC.

DOING BUSINESS A

ADDRESS 113 WEST CENTRAL ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: Seaholm, Harry K

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BUILDING WITH ENTRANCE AND EXIT ON THE EAST, SOUTH AND WEST SIDES.
FIRST FLOOR; 6 ROOMS, ONE BOILER ROOM, 2 LAVATORIES; SECOND FLR; FUNCTION
ROOM

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800009

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G.E.N. 8888 INC.

DOING BUSINESS AS ASIA BISTRO

ADDRESS 195 WEST CENTRAL ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: KONG, MICHELLE TYPE OF LICENSE: Restaurant
T.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES AND EXITS ON SIDE OF BUILDING. HANDICAPPED AND SERVICE
ENTRANCE AT REAR OF BUILDING; ONE FLOOR CONSISTING OF THREE DINING ROOMS,
WAITING AREA, KITCHEN, OFFICE AND TWO RESTROOMS AND SERVICE BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800010

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M.B.R. GROUP FOODS INC.

DOING BUSINESS AS MINERVA INDIAN CUISINE

ADDRESS 1328 WORCESTER RD.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: REDDY, PRAKASH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR WITH TWO MAIN DIVISIONS, A SINGLE DINING ROOM WITH TABLE SERVICE AREA, MENS AND LADIES ROOMS, TWO EXITS AND ENTRANCES AND A KITCHEN AREA AT THE REAR OF THE PREMISES CONSISTING OF A STORAGE AREA WASHROOM AND ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800011

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MINOGA,INC.

DOING BUSINESS AS OGA'S JAPANESE CUISINE

ADDRESS 915 WORCESTER ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: LI, BENNY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND STORAGE BASEMENT WITH ENTRANCE AND EXIT FROM SAME. FIRST FLOOR; WAITING AREA, DINING ROOM, BANQUET ROOM, SERVICE BAR, RESTROOMS, LIQUOR STORAGE ROOM AND KITCHEN; BASEMENT CONSISTS OF STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800012

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DDH HOTEL NATICK/WORCESTER LLC

DOING BUSINESS AS CROWNE PLAZA

ADDRESS 1360 WORCESTER ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: SHAMOIAN,
DAVID

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7 STORY HOTEL CONTAINING 258 GUEST ROOMS, TOGETHER WITH RESTAURANTS,
LOUNGE AND FUNCTION ROOMS. 7TH FLOOR CONCIERGE LEVEL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800015

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN LINE LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 160 E CENTRAL ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: FRANCIOSE,
ANTHONY R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM IN A ONE STORY BUILDING AND BEING OF SAID BUILDING WITH THE
EXCEPTION OF ONE SMALL ROOM IN SOUTHEAST CORNER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800016

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FANNONS LIQ STORE, INC

DOING BUSINESS AS

ADDRESS 212 NO MAIN ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: ALLEN, ROBERT C TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE BLDG. OUTSIDE FRONT ENTRANCE ONLY; A REAR AREA FOR STORAGE AND DELIVERY WITH THREE OUTSIDE ENTRANCES AND EXITS AND A BASEMENT WITH OUTSIDE ENTRANCE IN THE REAR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800017

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POWERS PKG STORE, INC

DOING BUSINESS AS

ADDRESS 4 SOUTH AVE

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: POWERS, MARY ANN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, WITH BASEMENT FOR STORAGE. ENTRANCE ON THE WEST SIDE FOR DELIVERIES ALSO AN ADDITIONAL STORAGE ROOM ON THE EAST SIDE OF SAID BASEMENT AND ENTRANCE ON WEST WALL PLUS ADDITION ON THE EAST SIDE AND ADDITIONAL 12X11 BEHIND EXISTING WINE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800019

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIDDLESEX LIQUORS, INC.

DOING BUSINESS AS KENTUCKY SPIRITS

ADDRESS 015-17 WASHINGTON ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: UBALDINO,
ERCOLE C.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TO COVER THE ENTIRE SAID PREMISES OF BUILDING WHICH THAT INCLUDES FULL BASEMENT, STOCK ROOM, AND THE EXITS FOR THE PREMISES REMAIN AS PRESENTING EXISTING WITH THE ENTRANCES AT 13 WASHINGTON TO BE CLOSED.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800020

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE WINE NETWORK, INC.

DOING BUSINESS AS NINE EAST WINE EMPORIUM

ADDRESS 6 WORCESTER RD

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: Moran, Austin

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG ON FIRST FLOOR WITH OFFICE AND FOR SELLING AND STORAGE.
FULL BASEMENT UNDER FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800021

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VIN'S LIQUORS, INC.

DOING BUSINESS AS VIN'S LIQUORS

ADDRESS 257-259 WORCESTER ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: MORAN, KEVIN P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK WOOD AND GLASS BLDG. 3,500 SQ. FT. WITH ENT/EXITS ON THE FRONT AND BACK OF PREMISES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800024

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETUR ENTERPRISES, INC.

DOING BUSINESS AS NATICK WINE & SPIRITS

ADDRESS ROUTE 135 WATSON ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: TURLO, PETER

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT FOR CUSTOMERS IN THE FRONT OF THE STORE, AND A REAR DELIVERY ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800025

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 24 ASSOCIATES, LLC

DOING BUSINESS AS ONE FORTY EIGHT ON CENTRAL

ADDRESS 148 CENTRAL STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: MAXWELL
MITCHELL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF 2,886 SQ.FT. CONTAINING ONE SERVICE BAR PUBLIC ENTRANCES ON BOTH SOUTH AND NORTH SIDES OF PREMISES AND A SERVICE DOOR ON NORTH SIDE OF PREMISES. THE ENTIRE REST. WILL BE FREE OF DIVIDING WALLS, EXCEPTION OF KITCHEN WHICH WILL BE SEPARATED FROM THE DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800027

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIMAS, INCORPORATED

DOING BUSINESS AS DOLPHIN SEAFOOD RESTAURANT

ADDRESS 7 SOUTH AVE

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: GIANNOCOPOULOS, PETER
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE NEW PREMISES WILL INCLUDE A RETAIL AREA, BOOTHS, TABLES IN THE SEATING AREA 420 SEAT CAPABILITY, FRONT AND REAR EXIT AND ENTRANCE, TWO STORIES WITH DINING AREAS, AN ATRIUM AND KITCHEN. 17 BARSTOOLS, 16 LOUNGE SEATS, THIS FORMERLY UNUSED STORAGE SPACE HAS BEEN CONVERTED INTO A DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800028

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOB & HOLLY'S LLC

DOING BUSINESS AS ZAFTIG'S DELICATESSEN

ADDRESS 01298F WORCESTER ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: SHULMAN,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3400 SQ FT OF RETAIL SPACE WITH A FRONT AND REAR ENTRANCE AND EXIT.
KITCHEN, OFFICE SPACE, DELI, STORAGE AND DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800030

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CALIFORNIA PIZZA KITCHEN, INC

DOING BUSINESS AS CALIFORNIA PIZZA KITCHEN

ADDRESS

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: Lombardo, Jon

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5959 SQUARE FEET OF FLOOR AREA TO BE OPERATED AS A FULL SERVICE RESTAURANT
WITH A 38 SEAT PATIO AREA...ONE ENTRANCE AND ONE EXIT...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800032

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GSH CY NATICK LLC

DOING BUSINESS AS COURTYARD BY MARRIOTT-NATICK

ADDRESS 342 SPEEN ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: DORSEY,
FRANCIS E. III

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE, BAR AND LIBRARY AREA CONTAINING 30,,5, AND 9 SEATS LOCATED IN THE COURTYARD. THERE WILL ALSO BE ROOM SERVICE TO GUESTS IN THE HOTEL. ONE MAIN PUBLIC ENTRANCE, SPECIFICALLY EXCLUDED FROM THE LICENSE IS A 64 SEAT RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800033

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAH-MEE, INC

DOING BUSINESS AS

ADDRESS 25 WASHINGTON ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: LEE, YOUNG H.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMIS WITH KITCHEN TWO HANDICAPED BATHROOMS FRONT
ENTERANCE AND REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800034

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NICHOLAS'S RESTAURANT GROUP, INC

DOING BUSINESS AS MORSE TAVERN

ADDRESS 85 EAST CENTRAL ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: STOURNARAS,
SHARON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE AND EXIT ON THE FRONT RIGHT SIDE OF THE BUILDING. EMERGENCY
EXIT IN THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800036

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A. T. PAN CORPORATION

DOING BUSINESS AS SHANGHAI TOKYO CUISINE

ADDRESS 54 EAST CENTRAL STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: LAN DAN, KAI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800037

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAMEE ENTERPRISES, INC

DOING BUSINESS A MINADO RESTAURANT

ADDRESS 1282 WORCESTER STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: TSE, EDWARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTHSIDE OF WORCESTER RD. AND EAST SIDE OF STRATH- MORE RD; PART OF SHERWOOD PLAZA EAST. MAIN ENTRANCE/EXIT IN FRONT OF BLDG. ENTERS INTO WAITING AREA WHICH OPENS TO DINING ROOM. ALSO REAR ENTRANCE IN BACK OF BLDG. OF KITCHEN AREA. RECEIVING AREA IN REAR OF PREMISES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800041

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW FRANCE NATICK LLC

DOING BUSINESS AS SEL DE LA TERRE

ADDRESS 3032 NATICK WEST SHOPPING CENTER

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: McCLELLAN,
FRANK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL; VESTIBULE ENTRY WITH MALL ENTRY TO LEFT; HOST STAND; HIGH TOP SEATING, FOOD COUNTER AND LOUNGE; LIQUOR STORAGE; DINING AREA WITH OUTDOOR PATIO AND SEATING, INCLUDED; KITCHEN IN BACK; OFFICE; BATHROOMS; EMERGENCY EXITS ON LEFT, RIGHT AND FRONT OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800042

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORDSTROM, INC.

DOING BUSINESS AS NORDSTROM CAFÉ BISTRO

ADDRESS 209 SPEEN STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: KONG,
FLORENCE K

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2750 SQ.FT. LOCATED ON 2ND FLOOR WITH ENTRANCE TO RESTAURANT FROM STORE.
TWO EMERGENCY EXITS AT REAR, OPEN OVEN AND ALSO 34 TABLES ACCOMMODATING
SEATING OF 109.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800043

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Natick Gourmet Decisions, Inc

DOING BUSINESS AS Gourmet Decisions

ADDRESS 12A Washington ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: Spinosa, Stephanie

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ground level with 50 seat capacity with tables and chairs, 2 ent/exits on side of dining area and the other which is at the rear of the dining area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800044

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Metropolitan Club, Inc

DOING BUSINESS A Metropolitan Bar & Grill

ADDRESS 1245 Worcester ST, suite 3009

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: Trustman, Kathy

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

dining areas, barstool area, lounge area, burger bar are, outdoor dining area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800046

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CHEESECAKE FACTORY RESTAURANTS INC.

DOING BUSINESS AS THE CHEESECAKE FACTORY

ADDRESS 1245 WORCESTER STREET, SUITE 1098

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: FOGEL, JEREMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

365 SEAT RESTAURANT AND BAR, INCLUDING OUTDOOR PATIO AREA, INCLUDING 9 ENTRANCES/EXITS, CONSISTING OF 12,968 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800047

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.F. CHANG'S CHINA BISTRO, INC.

DOING BUSINESS AS P.F. CHANG'S CHINA BISTRO

ADDRESS 1245 WORCESTER ST.

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: RICHARDS,
CLAUDIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A TWO STORY RESTAURANT WITH 870 SQ. FT. AT STREET KEVEK ABE 6850 SQ. FT. AT MALL LEVEL WITH ONE ENTRANCE AND EXIT AT EACH LEVEL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800048

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EM-JO INC.

DOING BUSINESS AS ZITI'S OF NATICK

ADDRESS 218 SPEEN ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: RANDO, DOMENIC TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT THE GOLF LEARNING CENTER. APPROX. 2,000 SQ. FT. ON ONE LEVEL PLUS PORCH. PUBLIC ENT/EXIT THRU PARKING LOT OF GOLF LEARNING CENTER FACING NORTH. SERVICE OF EMERGENCY EXITS ON THE SIDE & REAR OF PREMISES. 66 SEATS INSIDE & 20 SEASONAL SEATS ON PORCH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800049

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FENG SHUI GROUP, INC.

DOING BUSINESS AS FENG SHUI

ADDRESS 801 WORCESTER STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: ZHANG, FRANK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 8,700 SQ. FT. TWO ENTRANCES AND TWO WALKS. 240 SEATS INSIDE, THE BAR AND LOUNGE WILL HAVE 24 SEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800050

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEN-ICHI INC.

DOING BUSINESS A TEN-ICHI DYNAMIC KITCHEN & BAR

ADDRESS 1400 WORCESTER STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: WONG, HENRY H. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 6980 SQ FT WITH DINING ROOM,, LOUNGE BAR AND SUSHI BAR, ONE
ENTRANCE ONE ENTRANCE AND TWO EXITS..10 LOUNGE BAR SEATS, 12 SUSHI BAR
SEATS, 140 SEAT DINING AREA, 30 SEAT BANQUET ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800051

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONE MOE TINE, LLC

DOING BUSINESS AS MOE'S SOUTHWEST GRILL

ADDRESS 1274 WORCESTER STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: ROULEAU, RYAN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT CUSTOMER ENTRANCE/ONE BACK FIRE EXIT, ONE KITCHEN EMPLOYEE
ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800052

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WASABI NATICK CORP.

DOING BUSINESS AS WASABI

ADDRESS 1245 WORCESTER STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: MILLER, JEFFREY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT LOCATED IN THE NATICK MALL...SINGLE ENTRY WITH A FIRE EXIT AT
THE REAR...NO BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800053

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRUSHES BITES BOTTLES LLC

DOING BUSINESS AS PALETTES

ADDRESS 29 MAIN ST

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: LEVINSKY,
STEVEN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800054

CITY OR TOWN NATICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TILLY AND SALVY'S BACON STREET FARM LLC

DOING BUSINESS AS

ADDRESS 100 BACON STREET

CITY/TOWN: NATICK

STATE: MA

ZIP CODE: 01760

MANAGER: CICCARELLI,
RICHARD A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT OF GROCEY SPACE WITH SEPARATE ENTRY AND EXIT DOORS AT THE FRONT
AND DIRECT SECONDARY EGRESS ON EASTERLY SIDE..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)